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APPLICANTS
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**** CONTINUING DATA *******
 This application is a CON of 09/574,077 05/18/2000 PAT 6,770,088
 which is a CON of 08/845,734 04/25/1997 ABN
 which is a CIP of 08/824,142 03/25/1997 PAT 6,241,760
 and is a CIP of 08/824,866 03/26/1997 PAT 5,954,743
 and is a CIP of 08/824,865 03/26/1997 PAT 6,152,957
 and is a CIP of 08/845,657 04/25/1997 PAT 5,922,021
 and said 09/574,077 05/18/2000
 claims benefit of 60/017,484 04/26/1996

**** FOREIGN APPLICATIONS *******

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****
 09/18/2001

Foreign Priority claimed 35 USC 119(a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>/Paul Prebille/</u> Examiner's Signature	<input type="checkbox"/> Met after Allowance <u>/PBP/</u> Initials	STATE OR COUNTRY CA	SHEETS DRAWINGS 27	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 4
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TITLE
 Intravascular stent

FILING FEE RECEIVED 2466	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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